

1203

RECORDS  
COUNTY CLERK  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH				ARIZONA TERRITORIAL BOARD OF HEALTH			
BUREAU OF VITAL STATISTICS.				CERTIFICATE OF BIRTH.			
County of <u>Chula</u>	District of <u>Miami</u>			Register No. <u>419</u>		Ter. Index No. <u>4225</u>	
Town of _____	City of _____			St.; _____		Ward) _____	
FULL NAME OF CHILD <u>Johnnie Enarra</u>				Born <input checked="" type="checkbox"/> Yes		Alive <input checked="" type="checkbox"/> No	
If child is not named, make Supplemental report on blank obtainable from local registrar.							
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>June 26</u> 19 <u>09</u>	(Month) (Day) (Year)	
FATHER				MOTHER			
Full Name <u>Joe Duran, Enarra</u>				Full Maiden Name <u>Elida Legospa</u>			
Residence <u>Miami</u>				Residence <u>Miami</u>			
Color or Race <u>white</u>	Age at last Birthday <u>24</u> (Years)			Color or Race <u>W</u>	Age at last Birthday <u>17</u> (Years)		
Birthplace <u>Mexico</u>				Birthplace <u>Alamogordo New Mex</u>			
Occupation <u>Electrician</u>				Occupation <u>House wife</u>			
Number of child of this mother <u>1</u>		Number of children, of this mother, now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
I hereby certify that I attended the birth of above child; and that it occurred on <u>June 26, 1909</u> , at <u>4:15</u> AM							
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.				(Signature) <u>W. E. McWhitt</u> (Attending physician, midwife, householder. *)			
Given or christian name added from a supplemental report _____ 19 _____				Address <u>Miami</u>			
COUNTY REGISTRAR _____				LOCAL REGISTRAR <u>B. G. Fox</u>			
				COUNTY REGISTRAR _____			